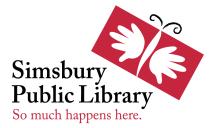
Teen Volunteer Application



Please print clearly and complete both sides of the form			
Name:		Date of Birth:	
Mailing Address:		Home Phone:	
City/Zip:		Cell Phone:	
E-mail address:			
Emergency Contact & Phone :			
Relationship:			
(Volunteers between 12 & 16 years of age and their parents must also read and sign page 2 of this form)			
Please check the positions you are interested in:			
 □ Teen Advisory Board □ Library Cleaning □ Craft Preparation 	 Clean CDs/DVDs Create Flyers Move Collection/Shifting 	 Assist With Programs Shelf Readers Maker Buddies 	
Please check which Library departments would you prefer to work in?:			
☐ Adult [] Teen	□ Children	
Please let us know what special skills you have: Hobbies: Special Tech Skills: Other skills:			
How many volunteer hours would you like to work?:			
□ 1-2 hours a day [1-2 hours a week	\Box 1-2 hours a month	
□ 3-5 hours a day [□ 3-5 hours a week	\Box 3-5 hours a month	
□ 3-5 hours every 3 months	☐ 5-10 hours as a one-time project	□ Other	
What days & times are you available to volunteer?:			
□ Monday □ Tuesday □ We □ Morning	ednesday 🗌 Thursday 🗋 🗌 Afternoon	Friday □ Saturday □ Sunday □ Evening	
Simsbury Public Library E-Mail: sarar@simsburylibrary.info 725 Hopmeadow ST, CT 06070 Phone (860) 658-7663 Ext. 2118			

Volunteers 18 years of age and older:			
In consideration of the opportunity to volunteer with the Town of Simsbury, I fully and completely release the Town of Simsbury, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the Town. I acknowledge that any photograph or recording taken of me participating in this volunteer activ- ity may be used for outreach, education, or documentation purposes by the Town of Simsbury.			
By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the Town of Simsbury, its of- ficials, and employees from liability for property damage and/or personal injury resulting from my partici- pation in this program.			
I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will noti- fy the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.			
Volunteer Signature:	Date:		
Volunteers 12 through 17 years of age:			
By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the Town of Simsbury volunteer program. I also agree to indemnify, hold harmless, and release the Town of Simsbury, its officials, and employees from any liability for property damage and/ or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or recording taken of my child/ward participation in the volunteer activity may be used for outreach, education, or documentation purposes by the Town of Simsbury.			
Parent Signature:	Date:		
I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will no- tify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.			
Youth Volunteer Signature:	Date:		
For Library Use Only			
Interview Date Interviewer Orientation			
Supervisor/Division			
Assigned Task			
Assigned day and time			
Start date			
□ Database □ Name badge □ Roster □ Training			
Notes:			
	Revised 10/2014		
	Kevisea 10/2014		